

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>CAMPAIGN FOR JOBS AND OPPORTUNITY</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00562785	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 08 / 02 / 2014	

Full Name of Payee <b>NEBO MEDIA, INC.</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 02 / 2014	
Mailing Address PO BOX 9825		Amount 20000.00	
City ARLINGTON	State VA	Zip Code 22219	Transaction ID : SE.4282
Purpose of Expenditure TV Media buy	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2014	
Name of Federal Candidate JOHN MOOLENAAR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		330347.00	

Full Name of Payee <b>NEBO MEDIA, INC.</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 02 / 2014	
Mailing Address PO BOX 9825		Amount 26000.00	
City ARLINGTON	State VA	Zip Code 22219	Transaction ID : SE.4283
Purpose of Expenditure TV Media buy	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2014	
Name of Federal Candidate JOHN MOOLENAAR		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		356347.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	46000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHARLES GANTT

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2014

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB  
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Form/Schedule: SE

Transaction ID : SE.4282

Due to a software problem, theaggregatenumber for the Calendar Year-to-Date Per Election Sought is not calculating properly. The correctaggregatenumber should be \$361,347. Please advise if any corrections need to be made.

Form/Schedule: SE

Transaction ID: SE.4283

Due to a software problem, theaggregatenumber for the Calendar Year-to-Date Per Election Sought is not calculating properly. The correctaggregatenumber should be \$361,347. Please advise if any corrections need to be made.

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 3 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>CAMPAIGN FOR JOBS AND OPPORTUNITY</b>		<b>FEC IDENTIFICATION NUMBER ▼</b>	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00562785         </div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px; display: inline-block;">             M M / D D / Y Y Y Y Y Y              08 / 02 / 2014           </div>	

Full Name of Payee <b>NEBO MEDIA, INC.</b>			Date of Public Distribution/Dissemination		
Mailing Address PO BOX 9825			<div style="border: 1px solid black; padding: 2px; display: inline-block;">             M M / D D / Y Y Y Y Y Y              08 / 02 / 2014           </div>		
City ARLINGTON	State VA	Zip Code 22219	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>		
Purpose of Expenditure TV Media Buy		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<b>Transaction ID : SE.4284</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">             M M / D D / Y Y Y Y Y Y              08 / 01 / 2014           </div>		
Name of Federal Candidate JOHN MOOLENAAR			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House    District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: MI		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">361347.00</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination		
Mailing Address			<div style="border: 1px solid black; padding: 2px; display: inline-block;">             M M / D D / Y Y Y Y Y Y           </div>		
City	State	Zip Code	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Purpose of Expenditure		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">             M M / D D / Y Y Y Y Y Y           </div>		
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">5000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CHARLES GANTT

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Date

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 12 / 15 / 2014

Signature

: 97 `A =G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
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Form/Schedule: SE  
Transaction ID : SE.4284

Due to a software problem, theaggregatenumbr for the Calendar Year-to-Date Per Election Sought is not calculating properly. The correctaggregatenumbr should be \$361,347. Please advise if any corrections need to be made.

Form/Schedule:  
Transaction ID: